

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

ERNESTINE HUFF

*Plaintiff(s)*

v.

NEW ENGLAND COMPOUNDING PHARMACY, INC

*Defendant(s)*

Civil Action No.

3:12CV 775

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* New England Compounding Pharmacy, Inc.  
c/o Gregory Conigliaro, Registered Agent  
697 Waverly Street  
Framingham, MA 01702

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jeffrey J. Stesiak  
PFEIFER MORGAN & STESIAK  
53600 North Ironwood Drive  
South Bend, IN 46635-1503

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date:

11/28/2012

*L. Fle*

*Signature of Clerk or Deputy Clerk*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>New England Compounding                      Pharmacy, Inc.                      c/o Gregory Conigliaro, RA                      697 Waverly Street                      Framingham, MA 01702</p>		<p>B. Received by (Printed Name)  <i>Robert Rone</i></p> <p>C. Date of Delivery                      DEC - 4 2013</p>	
<p>2. Article Number                      (Transfer from service label)</p> <p>PS Form 3811, February 2004</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
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E. Huff

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